

## Report of Required Professional Education in Physical Agent Modalities (PAMs)

Unless you are currently licensed in New Hampshire as a physical therapist or physical therapist assistant or are currently New Hampshire certified as a hand therapist, you are required to take professional education in PAMs to become eligible for a certificate authorizing you to use physical agent modalities.

Occupational therapists and occupational therapy assistants are required to take at least 6 hours of professional education in the use of ultrasound modalities and at least 15 hours of professional education in the use of electrical stimulation modalities. **Please see Occ 305 for further details.**

**Report the source of your PAMs education, whether a course, an on-line course, a workshop or individualized instruction, on the line provided for each of the topics listed below. PLEASE PRINT LEGIBLY**

### For ultrasound modalities, including phonophoresis:

a. Proper use of ultrasound equipment, including:

1. The use of treatment controls \_\_\_\_\_
2. Soundhead selection \_\_\_\_\_
3. Frequency \_\_\_\_\_
4. Application method \_\_\_\_\_
5. Equipment maintenance as it relates to overall client safety \_\_\_\_\_

b. Knowledge of the clinical use, optimal parameters, precautions and contraindications to determine, prior to administration, the appropriateness of ultrasound for a client

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c. Knowledge of the physiological effect of ultrasound, including the therapeutic benefits as well as the tissue response for both thermal and non-thermal delivery

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d. Understanding of the optimal parameters for maximum therapeutic benefit in regards to:

1. Tissue depth \_\_\_\_\_
2. Tissue type \_\_\_\_\_
3. Intensity \_\_\_\_\_
4. Size of the area to be sonated \_\_\_\_\_
5. The mode of ultrasound delivery, including but not limited to pulse, continuous and medication

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e. The appropriate selection and storage of topical drugs used in the ultrasound treatment

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f. The proper positioning of the client for maximum safety and therapeutic effectiveness

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### For each of the following electrical stimulation modalities: neuromuscular electrical stimulation (NMES), transcutaneous electrical nerve stimulation (TENS), iontophoresis and high voltage galvanic stimulation (HVGS)

a. Electrotherapeutic terminology and biophysical principles, including current, voltage and amplitude

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b. The normal electrophysiology of nerve and muscle

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c. The types of current, direct, pulsed and alternating, used for electrical stimulation

\_\_\_\_\_

**Upon completion of both sides of this report, please sign and date on the reverse side.**

d. The duration and type of current appropriate for the client's neurological status

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e. The following common denominators of electrical currents:

1. Normal and abnormal human responses to direct and alternating current

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2. Current flow effect on tissue, including thermal, chemical and kinetic changes

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3. Waveforms, including:

(i) The true direct current of iontophoresis \_\_\_\_\_

(ii) Pulsed currents, including monophasic, biphasic and polyphasic \_\_\_\_\_

4. The characteristics of phase, including:

(i) Duration \_\_\_\_\_

(ii) Intensity \_\_\_\_\_

(iii) Charge \_\_\_\_\_

(iv) Frequency or rate \_\_\_\_\_

5. The modulation of the characteristics listed in e. 4. Above \_\_\_\_\_

6. The physiological correlates of the phase characteristics listed in e. 4. above

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f. The indications, contraindications, warnings and precautions of electrotherapy, including considerations regarding pathology of nerve and muscle tissue

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g. The rationale and clinical indications of electrotherapy necessary for the safe and appropriate integration in the delivery of occupational therapy

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h. The appropriate selection and storage of topical drugs used in electrical stimulation treatments

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i. The proper positioning of, and adequate instructions to, the client during application of the modality

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j. Appropriate education of the client as to the benefits and risks of the electrotherapeutic treatment

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k. Knowledge of the safe and appropriate operation of the electrical stimulation device and the optimal parameters, including:

1. The intensity \_\_\_\_\_

2. The frequency or rate \_\_\_\_\_

3. The type of current \_\_\_\_\_

4. The duration of treatment \_\_\_\_\_

l. The optimal electrode placement, including motor points and physiological effects desired

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signed \_\_\_\_\_

profession NH License # \_\_\_\_\_

date \_\_\_\_\_